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Review

Knowledge and expectations of recipients of health services as a factor shaping attitudes towards the health care system

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ABSTRACT

Introduction: Healthcare systems are subject to evaluation by all its participants and the public. The results of national studies available in this regard suggest a clearly negative perception of the Polish healthcare system. This attitude can be interpreted as a consequence of unfulfilled expectations of the public opinion, which constitutes expectations as important study field. The general aim is to verify the current state of research on the relationship between the components of knowledge, expectations and evaluation in order to identify dominating research directions as well as gaps in existing knowledge.

Material and methods: The study used the method of narrative review conducted in the PubMed and Embase databases . Only publications in English were included in the review.

Results: 2239 source articles were identified, and 36 publications were included in the final analysis. Based on Laferton's model , the analyzed sources were categorized according to the reference to expectations related to behavior or therapy. Out of 36 analyzed publications 28 (77.78%) were papers assigned to at least 2 categories. In total 24 out of 36 (66.67%) articles included were those referring to expectations related to treatment results. Most of the publications (63.9%, i.e. 23 out of 36) described the relationship between the knowledge and expectations. The connection between expectations and evaluation was investigated by 8 publications, and 5 publications combined all three elements (knowledge, expectations and evaluation).

Conclusions: The review of the literature indicates that the level of knowledge of the recipients of health services may be an important determinant of their expectations towards service providers and the forms of treatment received. The collected evidence does not provide a clear answer to the question of the impact of making expectations more realistic on the assessment of the health care system.

KEYWORDS

evaluation, patient knowledge, health systems, healthcare expectations

INTRODUCTION

The health care system in Poland, as in any other country, is constantly being evaluated by all its stakeholders. Although the evaluation expressed by individual actors involved in the functioning of the system may differ slightly, it seems that the problems observed on many levels and lasting for decades, have shaped a negative image of the system as a whole. This observation seems to be confirmed by the results of public opinion polls, where for many years a very critical attitude of Poles to the functioning of the health care system as a whole has been observed [1]. Undoubtedly in the discussion on the view of healthcare system in all of its aspects, we should also examine the role

that the expectations and knowledge play in shaping opinions of individuals as well as larger populations.

Considering the expectations, it seems that the justification for conducting research in reference to this issue can be provided by the multitude of studies which prove that the expectations can affect the health outcomes of patients in many diseases [2]. There are many examples in the literature suggesting the impact of patients' expectations on the course of therapy, e.g. in cardiac surgery [3], arthroplasty [4] or chemotherapy [5]. As Main et al. [6] suggest, this fact imposes on the provider of health services the need to define the patient's expectations before proceeding with further clinical procedures.

In general, expectations can be defined after Hoorens [7] as beliefs about future events or experiences. They may refer to future external events or to the occurrence of one's own behaviors or internal reactions to a specific external stimulus [8].

The concept of expectations is currently the object of interest of many scientific disciplines, but for natural reasons it has a special place in psychology, especially in the context of the importance of expectations for perceptual processes. As de Lange et al. [9] notice, to support rapid and efficient interaction with the environment, perceptual processing cannot rely solely on bottom-up sensory input, but instead requires top-down knowledge to shape and understand incoming signals. Thus, the perception of the situation in which the individual finds himself is strongly conditioned by ones expectations. The expectations became the driving force behind the development of many theories with the social learning and social cognitive theories [10,11,12] and expected response theory [13,14] being the best examples.

Another frequently investigated link is the one between expectations and satisfaction. In this context, satisfaction is primarily determined by the difference between what is expected and what is received. This point of view was adopted by Bowling et al. [15] in the UK NHS Patient Satisfaction Study. What is worth emphasizing in the cited study, higher patient expectations did not translate into a lower level of satisfaction, because at the same time, the respondents declaring increased expectations assessed more positively the help they experienced from service providers. Another important assumption, made by the study authors was distinguishing between the real and the ideal level of expectations (i.e. "as it will be" vs. "as it should be"). Therefore, one can conclude that a key step towards improving patient satisfaction and providing patient-centred care is to first understand patients' expectations of healthcare [16].

The expectations are also frequently viewed as susceptible to change. This is because they refer to future events and experiences, thus, when faced with contradictory information, they are easier to refute, than beliefs based on past experience [7,17,18]. Research conducted among oncological patients is interesting in this context. Weeks et al. [19] showed that 74% of patients with advanced cancer had imprecise expectations about the healing potential of their palliative chemotherapy. The

tendency to overly negative expectations was particularly noticeable among patients suffering from depression and anxiety disorders [17] but also in the case of persons belonging to the groups at risk of being targeted by discriminatory behavior [20]. This makes research on patient expectations an area that requires in-depth research in order to better understand the mechanisms of processing information that contradicts expectations and the conditions that lead to a change in expectations. As noted by Pinguart et al. [21], this knowledge can help design interventions to change dysfunctional expectations.

An interesting topic of research on expectations is also the issue of their heredity and social conditioning. An extensive analysis of this issue was presented by Burger and Mortimer [22], who considered the problem from the perspective of shaping educational expectations. Due to the nature of the study prepared by the above-mentioned researchers, it refers to the influence of intergenerational relations taking place in families, but it is worth stressing that they notice that the factor shaping the level of expectations is, on the one hand, the process of socialization taking place in the family and the social capital of parents, but also the influence of genetic determinants. In addition, the relatively low heritability of optimism and the partial heritability of the sense of control were emphasized. From the perspective of the topic undertaken in this paper, it seems, however, that more attention should be paid to the issue of social conditioning of expectations. In this respect, the leading role of social transmission of norms and values that can shape the level of expectations has been reported.

When undertaking the subject of expectations, particular attention has to be paid to major obstacle which is the inconsistencies in definitions and terminology, and in the classification of patients' expectations. As noted by Haanstra et al. [23] the concept of expectations is not yet well defined and there is no consensus in the scientific literature. At the same time, it seems that researchers agree that patient expectations are a multifaceted and complex construct. The cited barriers seem to be met with efforts to organize the scientific interpretation of patients' expectations and give it a useful theoretical framework. In recent years, one of the most significant manifestations of the efforts undertaken is undoubtedly the model proposed by Laferton et al. [8]. According to this concept, expectations should be related either to the patient's illness and treatment behavior or to the treatment the patient receives. In addition, this model recognizes that self-efficacy is not the only aspect of patient behavior expectations, and behavior expectations can be divided into self-efficacy expectations and behavioral outcomes. Treatment expectations, on the other hand, consist of expectations about treatment outcomes as well as structural and treatment-related aspects. Laferton et al. [8] suggest that the latter affect expectations regarding treatment outcomes. Both behavioral and outcome expectations can relate to distinguishable expected benefits and side effects. In addition, the expected outcome of a behavior or treatment can be divided into two basic categories, i.e. : 1) non-volitional expectations, internal changes such as symptoms or autonomic functions,

and 2) external expectations, referring to expectations of external changes, such as reactions from the social environment.

In the context of the issue of expectations, one should also consider their relationship with the information available to patients. In this regard, it will be helpful to refer to the concept of information beliefs created by Fishbein and Ajzen [24], and especially to its interpretation proposed by Coye [25]. The concept itself comes from a model developed by Fishbein and Ajzen [24] for the purpose of interpreting consumer behavior. The authors describe three basic types of beliefs. In the first place, these are descriptive beliefs that arise as a result of direct observation and experience. Beliefs formed in this way are considered to be held with a high degree of certainty. The second type of belief, which is usually held with much less certainty, is informational belief. Informational beliefs are formed by accepting information provided by an external source. The condition for a change in the target belief is that the recipient of the information must accept it, and the degree of acceptance depends partly on the source, message and channel of communication. The third type of belief is inferential belief, which is formed in the process of using previously learned relationships. Successfully changing this target belief will affect the consumer's attitude towards the product if the attribute targeted by the belief is the most relevant attribute.

In the interpretation proposed by Coye [25], client expectation is a belief about a future event that is the result of information gathered directly through personal observation, indirectly through information provided by others, or inferred from information or observation. In this sense, the knowledge of recipients of health services significantly shapes their attitude towards the health care system and the level of expectations.

Based on the assumptions described above, it was assumed that at the individual level, knowledge, expectations and evaluations are logically related components that shape the perception of recipients of health services and their behavior.

The general aim of this narrative review is to verify the current state of research on the relationship between the components of knowledge, expectations and judgment in order to identify dominating research directions as well as gaps in existing knowledge.

MATERIAL AND METHODS

The study design was based on the assumptions of a narrative review. Sources were identified through a quarry conducted in the PubMed and Embase publication bases. The search covered publications in English language only. Due to the desire to cover the issue from the broadest possible perspective, the target population was not specified, allowing for inclusion of articles on various health issues. In total, 2,239 publications (excluding duplicates) were identified as a result of the search in publication databases. These publications were subjected to an initial screening, which resulted in the exclusion of 2099 articles. The remaining 140 papers were subjected to an in-depth analysis in terms of eligibility, which subsequently led to the exclusion of a further 104

articles. Ultimately, 36 publications were reviewed. A detailed review procedure was presented in figure (Figure 1).

The analysis of the results was carried out on the basis of three criteria derived from the concepts constituting the theoretical basis of the review. In the first place, the concept of information beliefs, cited in the previous section, was used, on the basis of which the papers were categorized with regard to the investigated relationship of three components of interest (i.e. knowledge, expectations and evaluation). In this respect, the articles were divided according to the themes related to the relationship between: 1- knowledge and expectations, 2- expectations and evaluation, and 3- knowledge, expectations and evaluation.

Another criterion used in the analysis was the division of the collected sources based on the Laferton et al. [8] model. Thus, the analyzed sources were categorized by reference to expectations related to behavior (divided into the aspect of self-efficacy and behavioral results) or related to treatment (divided into treatment results and structural aspects). It should be noted that in multiple papers the issue of expectations was addressed in a multidimensional way. In such situations, papers were included in more than one category in the analysis.

The last, third criterion was the presence of evidence in the work verifying the actual occurrence of dependencies of the tested components. Thus, the considered works were divided into those attempting to verify the existence of the relationship of the above-mentioned components and those in which this relationship was assumed *a priori* (e.g. as a default assumption of research hypotheses) or was derived speculatively.

RESULTS

The research included 36 publications. Most of the considered articles were original papers (k=30), of which more than half (53.33%) were prepared using qualitative methods. In this set of publications, among the research methods used, in-depth interviews were the most common (62.5%). In addition, these papers also indicated the use of focus groups (18.75%), combining in-depth interviews with focus groups (6.25%), as well as the use of the ethnographic method (6.25%) and the narrative method combined with focus groups (6, 25%). Another 13 articles (43.33%) presented the results of research conducted with the use of quantitative methods, among which most often references were made to survey studies. Overall use of the above methodology was declared in 12 publications (92.30%), and in one of the papers included in this review, the authors discussed research conducted on the basis of mixed methodology (7.69%).

The detailed results of the analysis of the results are presented in the table (Table 1).

Considering the type of the relationship between knowledge, expectations and evaluation, it was observed that the issues of the relationship between the first two components were definitely most often addressed in the papers. In total, among all the analyzed works, in almost 2/3 of them

(63.89%), the authors were interested in the account of the above-mentioned components. The relationship between expectations and evaluation was described in a further 8 publications (22.22%), and the relationship of all three components was mentioned in only 5 studies (13.89%).

From the perspective of the division of the analyzed material due to the assumptions of the Laferton model, it was observed that in general there is a clear tendency to perceive expectations as a multi-faceted issue, which is confirmed by the fact that out of 36 analyzed publications, as many as 28 (77.78%) were publications that were assigned to at least 2 categories. The most numerous group of papers were those that dealt with expectations related to treatment results. In total, it was as much as 24 out of 36 (66.67%) articles included in the analysis. On the other hand, the issue of expectations in the context of structural issues was the least frequently discussed in the analyzed papers. Threads related to the above mentioned issue appeared only in 13 publications (36.11%).

A total of 21 articles included in this review reported results verifying the relationship of the components of knowledge, expectation and evaluation. In the case of other works, the above-mentioned dependencies constituted the default basis of the theoretical model or constituted an area of speculative considerations undertaken in conclusions or discussion. This was especially true in the case of original papers, of which almost half (46.67%) did not contain data, which would allow for the verification of the relationship between knowledge, expectations and evaluation components. In the case of review studies, only one in six publications (16.67%) did not contain adequate data. In the light of the results of this review, it should be mentioned that in total 20 out of 21 publications containing empirical references to the relationships of the components under consideration, indicated the existence of interdependencies between them. However, it should be emphasized that the works included in the review were characterized by a large diversity in terms of the studied entities and the methodology used, therefore, far-reaching conclusions should not be drawn from the observations made.

When analyzing the issue of evidence support for the relationship of knowledge, expectations and evaluation components from the perspective of the Laferton model, it should be noted that for different categories of the model it occurred with different frequency. While in the case of studies dealing with the issue regarding the results of behavior, as many as 77.78% of them reported evidence relating to the above-mentioned expectations. At the same time for publications dealing with structural aspects, the percentage of articles containing evidence verifying the aforementioned relationships was only 46.15%. Thus, it can be concluded that in the case of articles dealing with structural issues, the topic of the relationship between the components of knowledge, expectations and evaluation was more likely to be treated as a theoretical construct.

Considering the collected material in terms of the type of the described relationship and evidence support, it should be noted that 71.43% of the publications in which the relationships between the

components of knowledge, expectations and assessment were empirically verified referred to only two of the three components, i.e. the impact of knowledge on the expectations of patients. It is worth emphasizing that this is a slightly higher percentage than it would result from the overall share of works dealing with the above-described relationship in the publications included in this study. At the same time, it was observed that the least efforts were made in the publications to verify the evidentiary relationship of all three components. Only two of the 36 papers included in the analysis contained this type of information, and it is worth noting that in both cases these papers were based on qualitative methods.

Table 1 also presents a cross-compilation of data, taking into account the criteria of the type of the examined relationship and categorization in relation to the Laferton model. As can be seen, with the exception of the category of structural aspects, articles focused on the relationship between knowledge and expectations clearly dominate in every other category. In total, in each category, the frequency of works dealing with the issue of this relationship ranged from 30.77% to 72.22%. At the same time, the relationship of all three components should be considered the least researched area. Once again analyzed from the perspective of categorization based on the Laferton model, it accounted for 16.67% to 30.77% of publications within each category.

DISCUSSION

As noted in the introduction, patients' expectations are an object of keen interest, mainly due to their potential impact on the effectiveness of therapeutic procedures. The evidence supporting this claim was provided by multiple studies. For example a study by Linde et al. [26] on patients suffering from chronic pain, proved that high expectations regarding the effectiveness of acupuncture treatment translated into a significantly greater feeling of improvement declared by patients after using the therapy. Similar conclusions can be drawn, among others, from research carried out on a group of patients undergoing total knee or hip arthroplasty [27]. The potential therapeutic benefits of the patient expectations are arguably the most frequently raised subject of research related to knowledge, expectations and evaluation. This strong focus on the impact that the expectations have on the health outcomes was reflected in our study by the fact that predominant number of articles included in the review referred to the expectations related to treatment outcome.

The results of our review suggest that there is no shortage of studies and analyzes on the relationship between the components of knowledge and expectations. In fact, it was the most frequently investigated relationship of all included in the study. The primary focus of the reviewed articles was the impact of the information obtained by the patients on their expectations regarding the therapeutic process, its course and result, as well as the impact of knowledge on the use of health services offered in the system. With regard to the latter one there is a particularly rich body of literature addressing the limitations in access to health services for groups at risk of social

exclusion. Numerous studies conducted in this area indicate the level of knowledge on the functioning of the health care system as one of the main factors limiting the use of services. Scheppers et al. [28] conducted a detailed review of the barriers to access to health care services recorded in studies conducted among representatives of ethnic minorities. In the rich catalog of barriers identified by the above-mentioned they included factors that directly relate to the information and knowledge that the respondents had. As it was noted the sources of advice and regular sources of care were important factors, with the unprofessional advice and lack of regular care being barriers for the use of healthcare services by ethnic minority patients and their children. It is assumed that the impact of information and knowledge on the access to healthcare services is particularly strong in the case of ethnic minorities and immigrants [29,30,31,32,33,34,35,36], but it should not be omitted while discussing barriers deriving from criteria other than the minority status. As for the impact of the knowledge on the expectations with regard to treatment, it is the relationship with the strongest evidence support. The results of research conducted by Davidson et al. [37] indicate the important role that the information provided by the doctor can play in shaping the realistic expectations of patients. The study by Huang et al. [38] has shown that the incorrect information obtained by diabetic patients translated into their tendency to give up pharmacotherapy. Structural aspects of expectation were significantly less frequent subject of interest in the reviewed articles, with only 13 out of 36 articles referring to this issue. It should be viewed as highly problematic, considering the fact, that the lack of knowledge of health services and how they can be used has equally damaging effect on patients' expectations and attitudes. The problem is frequently reported in studies, and notably in many cases the lack of knowledge of the functions and services provided in the system refers to services provided by health professionals other than a doctor [29,30,31,32]. Considering the increasing demand for healthcare and a limited human resources in the system, further investigation into the impact of knowledge and expectations on the actual paradigm of service use should be prioritized.

As research suggests, the perception and attitudes towards health care constitute another barrier. This is particularly evident when patients from ethnic minorities have doubts about the benefits of health services or simply do not see the benefits. The demand for health services is strongly influenced by the consumer preferences and willingness to purchase health care. Ethnic minority patients may view healthcare providers as a rather alien or distant group of people and have too much respect for healthcare professionals. This, in turn, may prevent them from asking important questions about medical instructions, etc., and this form of abstract submission makes it impossible to question authority as they see it [28].

Extremely interesting conclusions in the context of the impact of expectations on patients' attitudes were also provided by Thorpe et al. [39] on the impact of knowledge on patients' attitudes to expectations and requests for antibiotics. This study showed that the knowledge acquired before

using the services, as well as the information received by patients, had an impact on expectations and requests for antibiotics. At the same time, it was indicated that information on the effectiveness and side effects of antibiotics reduced, but did not eliminate, clinically inappropriate expectations and requests for antibiotics.

Other publications also provide similar conclusions on the impact of knowledge on patients' expectations. In the study conducted by Best et al. [40] it was shown that oncological patients had a very favorable attitude towards molecular tumor profiling, despite the fact that they did not have sufficient knowledge about this method or were unable to understand its essence and potential consequences.

CONCLUSIONS

In the light of the review of the literature, the dominant directions of research on the issue of expectations and their relationship with the components of knowledge and evaluation have been quite clearly outlined. In the context of the concept of information beliefs used in the study, it should be emphasized that the results of the analysis indicate a strong interest in the relationship between knowledge and expectations and a relatively rare undertaking of research that would be comprehensive, i.e. taking into account the impact of the two mentioned factors on evaluation. This indicates the existence of a gap in the current state of knowledge regarding the role that knowledge and expectations play in shaping opinions about the health care system as a whole, as well as health services.

Considering the collected material from the perspective of the subject of research included in the review, a preference was noticed towards addressing issues related to the impact of expectations on therapeutic effectiveness and the effectiveness of actions taken by patients themselves.

Relatively rarely, the issues raised in the paper concerned structural aspects, which leads to the thesis that the aspect of the impact of knowledge and expectations is currently not strongly used in research focused on the comprehensive assessment of the functioning of health care systems.

The review of the literature indicates that the level of knowledge of the recipients of health services may be an important determinant of their expectations towards service providers and the forms of treatment received. At the same time, the collected evidence does not provide a clear answer to the question of the impact of making expectations more realistic on the assessment of the health care system.

Particularly in the context of the Polish healthcare system, burdened by a lack of financial and human resources, further exploration of the relationship between patients' knowledge, expectations, and perceptions of the healthcare system could yield tangible benefits. This could lead to the implementation of more effective information strategies that will provide patients with better understanding of the complex range of services available. Furthermore, raising patient awareness

and making their expectations more realistic could be instrumental in reducing the costs of unnecessary medical procedures, which are partially a consequence of a lack of understanding of the healthcare system's operating principles and susceptibility to unreliable information regarding medical procedures in the public domain.

Table 1. Reviewed articles with regard to general characteristics and categorisation according to the Laferton et al. model

		Number of publications		Categorization based on the Laferton et al.								Evidence support	
				Behavioural expectations				Treatment expectations					
				Self-efficacy		Behavioural outcomes		Treatment outcomes		Structural aspects			
		k=36	100%	k=14	100%	k=18	100%	k=24	100%	k=13	100%	k=21	100%
The type of relationship studied	knowledge → expectations	23	63.89%	8	57.14%	13	72.22%	15	62.50%	4	30.77%	15	71.43%
	expectations → evaluation	8	22.22%	3	21.43%	2	11.11%	5	20.83%	5	38.46%	4	19.05%
	knowledge → expectations → evaluation	5	13.89%	3	21.43%	3	16.67%	4	16.67%	4	30.77%	2	9.52%
Publication type	Original works	thirty	83.33%	12	85.71%	14	77.78%	22	91.67%	11	84.62%	16	76.19%
	Review papers	6	16.67%	2	14.29%	4	22.22%	2	8.33%	2	15.38%	5	23.81%
Methodology	Quantitative research	14	38.89%	3	21.43%	4	22.22%	13	54.17%	7	53.85%	10	47.62%
	Qualitative research	18	50.00%	9	64.29%	12	66.67%	9	37.50%	5	38.46%	9	42.86%
	Mixed	3	8.33%	2	14.29%	2	11.11%	2	8.33%	0	0.00%	2	9.52%
	Undefined	1	2.78%	0	0.00%	0	0.00%	0	0.00%	1	7.69%	0	0.00%
Evidence support		21	58.33%	7	50.00%	14	77.78%	16/24	66.67%	6/13	46.15%		

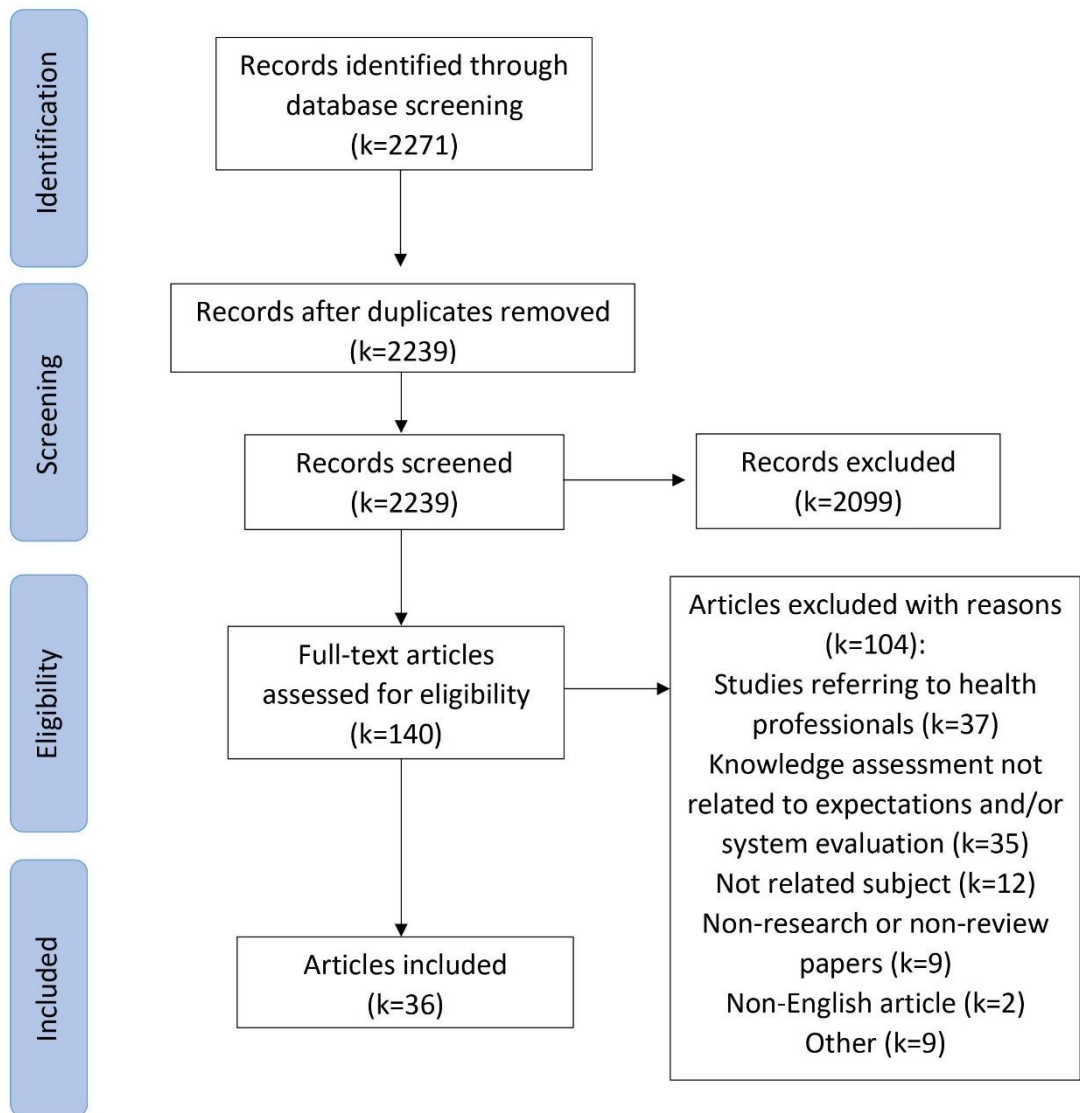


Figure 1. Narrative review flow chart.

Supplementary material 1

	Publication title	Author	Journal	Article type	Type of research	Methods	Investigated links between key components			Criteria according to Laferton model				Evidence support
							Knowledge and expectations	Expectations and evaluation	Knowledge and expectations and evaluation	Self-efficacy	Behavioural results	Treatment results	Structural aspects	
1	Knowledge, attitudes, and beliefs related to hypertension and hyperlipidemia self-management among African-American men living in the southeastern United States	Long E, Ponder M, Bernard S.	Patient Educ Couns. 2017 May	original research	qualitative	Focus group interview	+			+	+			
2	Patient expectations and experiences of remote monitoring for chronic diseases: Systematic review and thematic synthesis of qualitative studies	Walker RC, Tong A, Howard K, Palmer SC.	Int J Med Inform. 2019 Apr	review	qualitative	systematic review		+			+			+
3	Patient expectations for management of chronic non-cancer pain: A systematic review	Geurts JW, Willems PC, Lockwood C, van Kleef M, Kleijnen J, Dirksen C.	Health Expect. 2017 Dec	review	quantitative/qualitative		+			+	+	+		+
4	Pre-consultation information about one's physician can affect trust and treatment outcome expectations	Peerdeman KJ, Hinnen C, van Vliet LM, Evers AWM.	Patient Educ Couns. 2021 Feb	original research	quantitative	Experimental web-based survey	+					+	+	+
5	A cross-sectional survey investigating women's information sources, behaviour, expectations, knowledge and level of satisfaction on advice received about diet and supplements before and during pregnancy	Funnell G, Naicker K, Chang J, Hill N, Kayyali R.	BMC Pregnancy Childbirth. 2018 May 25	original research	quantitative	survey			+	+		+	+	
6	The measurement of patients' expectations for health care: a review and psychometric testing of a measure of patients' expectations	Bowling A, Rowe G, Lambert N, Waddington M, Mahtani KR, Kenten C, Howe A, Francis SA.	Health Technol Assess. 2012 Jul	review	quantitative	Narrative review	+					+	+	+
7	Patient knowledge and expectations in endoscopic sinus surgery	Neubauer PD, Tabaei A, Schwam ZG, Francis FK, Manes RP.	Int Forum Allergy Rhinol. 2016 Sep	original research	quantitative	survey	+					+		
8	Knowledge, expectations and fears of cannabis use of epilepsy patients at a tertiary epilepsy center	von Wrede R, Moskau-Hartmann S, Amarell N, Elger CE, Helmstaedter C.	Epilepsy Behav. 2019 Oct	original research	quantitative	survey	+					+		+
9	Knowledge, perspectives and health outcome expectations of antibiotic therapy in hospitalized patients	Jorgoni L, Camardo E, Jeffs L, Nakamachi Y, Somanader D, Bell CM, Morris AM.	Infect Prev Pract. 2022 Aug 30	original research	mixed	survey and interview	+					+		
10	Childbirth expectations and sources of information among low- and moderate-income nulliparous pregnant women	Martin DK, Bulmer SM, Pettker CM.	J Perinat Educ. 2013 Spring	original research	qualitative	interview	+					+		

11	Expectations of healthcare quality: A cross-sectional study of internet users in 12 low- and middle-income countries	Roder-DeWan S, Gage AD, Hirschhorn LR, Twum-Danso NAY, Liljestrand J, Asante-Shongwe K, Rodríguez V, Yahya T, Kruk ME.	PLoS Med. 2019 Aug 7	original research	quantitative	internet survey		+					+	+	+
12	Patient-reported healthcare expectations in inflammatory bowel diseases	Pittet V, Vaucher C, Froehlich F, Maillard MH, Michetti P		original research	qualitative	Focus group interview		+					+	+	
13	Medicine use and medicine-related problems experienced by ethnic minority patients in the United Kingdom: a review	Alhomoud F, Dhillon S, Aslanpour Z, Smith F.	Int J Pharm Pract. 2013 Oct	review	quantitative/qualitative	systematic review	+				+	+			+
14	Barriers and Facilitators to Healthcare Access in Adults with Intellectual and Developmental Disorders and Communication Difficulties: an Integrative Review	Shady K, Phillips S, Newman S.	Rev J Autism Dev Disord. 2022 May 30:1-13. doi: 10.1007/s40489-022-00324-8. Online ahead of print.	review	unspecified	integrative review	+							+	
15	I did try and point out about his dignity': a qualitative narrative study of patients and carers' experiences and expectations of junior doctors	Kostov CE, Rees CE, Gormley GJ, Monrouxe LV.	BMJ Open. 2018 Jan 21	original research	qualitative	Narrative method + Focus group interview		+			+			+	
16	Great expectations: patient perspectives and anticipated utility of non-diagnostic genomic-sequencing results	Hylind R, Smith M, Rasmussen-Torvik L, Aufox S.	J Community Genet. 2018 Jan	original research	qualitative	interview	+						+		+
17	How patients' use of social media impacts their interactions with healthcare professionals	Benetoli A, Chen TF, Aslani P.	Patient Educ Couns. 2018 Mar	original research	qualitative	Focus group interview	+					+			+
18	I don't think anybody explained to me how it works': qualitative study exploring vaccination and primary health service access and uptake amongst Polish and Romanian communities in England	Bell S, Edelstein M, Zatoński M, Ramsay M, Mounier-Jack S.	BMJ Open. 2019 Jul 9	original research	qualitative	interview					+		+	+	+
19	Barriers to patient information provision in primary care: patients' and general practitioners' experiences and expectations of information for low back pain	McIntosh A, Shaw CF.	Health Expect. 2003 Mar	original research	qualitative	interview	+						+	+	
20	Identifying needs and barriers to diabetes education in patients with diabetes	Rafique G, Shaikh F.	J Pak Med Assoc. 2006 Aug	original research	qualitative	interview	+				+	+			
21	Seeking Health Information: A Qualitative Study of the Experiences of Women of Refugee Background from Myanmar in Perth, Western Australia	Griffin G, Nau SZ, Ali M, Riggs E, Dantas JAR.	Int J Environ Res Public Health. 2022 Mar 10	original research	qualitative	interview		+			+				

22	Knowledge, attitudes and practices towards antibiotic use in upper respiratory tract infections among patients seeking primary health care in Singapore	Pan DS, Huang JH, Lee MH, Yu Y, Chen MI, Goh EH, Jiang L, Chong JW, Leo YS, Lee TH, Wong CS, Loh VW, Poh AZ, Tham TY, Wong WM, Lim FS.	BMC Fam Pract. 2016 Nov 3	original research	quantitative	survey	+					+	+		+	
23	Ethnic notions and healthy paranoias: understanding of the context of experience and interpretations of healthcare encounters among older Black women	Sims CM.	Ethn Health. 2010 Oct	original research	qualitative	Etnographic method				+	+	+				
24	Early patient satisfaction following orthopaedic surgery	Howard B, Aneizi A, Nadarajah V, Sajak PMJ, Ventimiglia DJ, Burt CI, Zhan M, Akabudike NM, Henn RF 3rd.	J Clin Orthop Trauma. 2020 Oct	original research	quantitative	survey			+					+	+	+
25	Peer advice giving from posttreatment to newly diagnosed esophageal cancer patients	Graham-Wisener L, Dempster M.	Dis Esophagus. 2017 Oct 1	original research	qualitative	interview	+				+	+				
26	"If I'd Known ..."-a Theory-Informed Systematic Analysis of Missed Opportunities in Optimising Use of Nicotine Replacement Therapy and Accessing Relevant Support: a Qualitative Study	Herbec A, Tombor I, Shahab L, West R.	Int J Behav Med. 2018 Oct	original research	qualitative	interview	+				+	+	+			+
27	Patient Perspectives on the Drivers and Deterrents of Antibiotic Treatment of Acute Rhinosinusitis: a Qualitative Study	Smith SS, Caliendo A, Cheng BT, Kern RC, Holl J, Linder JA, Cameron KA.	J Gen Intern Med. 2022 Oct 18. doi: 10.1007/s11606-022-07811-y. Online ahead of print.	original research	qualitative	interview	+				+	+	+			+
28	Improving knowledge and trust in vaccines: A survey-based assessment of the potential of the European Union Clinical Trial Regulation No 536/2014 plain language summary to increase health literacy	Penlington M, Goulet P, Metcalfe B.	Vaccine. 2022 Feb 7	original research	quantitative	survey	+						+	+		+
29	Public awareness and attitudes toward palliative care in Northern Ireland	McIlpatrick S, Hasson F, McLaughlin D, Johnston G, Roulston A, Rutherford L, Noble H, Kelly S, Craig A, Kernohan WG.	BMC Palliat Care. 2013 Sep 17	original research	quantitative	survey			+					+	+	
30	Online assessment of patients' views on hospital performances using Rasch model's KIDMAP diagram	Chien TW, Wang WC, Wang HY, Lin HJ.	BMC Health Serv Res. 2009 Jul 31	original research	quantitative	survey				+				+	+	
31	"They think we're OK and we know we're not". A qualitative study of asylum seekers' access, knowledge and views to health care in the UK	O'Donnell CA, Higgins M, Chauhan R, Mullen K.	BMC Health Serv Res. 2007 May 30	original research	qualitative	Focus group interview + interviews				+	+	+	+	+	+	+

32	"I was considering surgery because I believed that was how it was treated": a qualitative study on willingness for joint surgery after completion of a digital management program for osteoarthritis	Cronström A, Dahlberg LE, Nero H, Hammarlund CS.	Osteoarthritis Cartilage. 2019 Jul	original research	qualitative	interview	+				+	+		+
33	Effect of information on reducing inappropriate expectations and requests for antibiotics	Thorpe A, Sirota M, Orbell S, Juanchich M.	Br J Psychol. 2021 Aug	original research	quantitative	survey	+			+	+			+
34	UNDERSTANDING and IDENTIFYING KEY CONTEXTUAL FACTORS THAT INFLUENCE the PRACTITIONER-PATIENT ENCOUNTER in the MANAGEMENT of OSTEOARTHRITIS: A QUALITATIVE SYSTEMATIC REVIEW	Ismail A., Evans C., Yaseen K., Hall M., Doherty M., Zhang W.	Annals of the Rheumatic Diseases (2022) 81 Supplement 1 (1105-1106). Date of Publication: 1 Jun 2022	review	qualitative	systematic review	+				+			+
35	Do patient information leaflets affect patients' expectation of orthodontic treatment? Arandomized controlled trial	Nasr I., Sayers M., Newton T.	Journal of Orthodontics (2011) 38:4 (257-268). Date of Publication: December 2011	original research	quantitative	randomized controlled study	+					+		+
36	Changing parents' opinions regarding antibiotic use in primary care	Maor Y., Raz M., Rubinstein E., Derazne E., Ringel S., Roizin H., Rahav G., Regev-Yochay G.	European Journal of Pediatrics (2011) 170:3 (359-364). Date of Publication: March 2011	original research	quantitative	survey		+		+	+	+	+	+

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